TRUMBULL COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Procedure   **Section   2.27**

ELECTRONIC SIGNATURES

Purpose:
The purpose of this policy is to authorize the use of electronic signatures for any and all system generated records where applicable. Implementation of the procedures developed as a result of this policy will ensure compliance with all local, State, and Federal laws and rules regarding the use of electronic signatures.

Procedures:
A. Creating and Maintaining Electronic Signature:
1. Anyone authorized to utilize electronic signature will be required to sign a statement attesting that he or she is the only one who has access to his/her signature, user identification, and password, that the electronic signature will be legally binding, and that passwords will not be shared and will be kept confidential.

2. All users will have their own user identification (ID) and password. Passwords must be at least eight characters long and must include at three of the following: upper-case characters, lower-case characters, numbers, and special characters (@#$%&). Passwords will expire periodically and must be reset every 180 days. Passwords cannot be repeated for at least 4 cycles.

3. The system administrator will assign an unique user identification (ID) to each employee of the Board who is authorized to use electronic signature.

4. Personal Identification Numbers (PIN) and/or secondary passwords will be assigned, when possible, for use with electronic signatures to provide another level of security.

5. The user account will be locked if a person tries to log in three consecutive times with the wrong password. An Administrator is required to reset the account.

6. The electronic signature method may vary and employees will be instructed on the approved method for each program.

7. All employees who use a system that uses electronic signatures are required to review their entries.

8. Once an entry has been signed electronically, the computer system will prevent it from being deleted or altered. If errors are later found in the entry or if information must be added, this will be done by means of addendum to the original entry.

The addendum should also be signed electronically and the date and time stamped by the computer software.

B. Auditing Electronic Signature Procedures:
1. The computer software and anyone using the software system must use a secure, computer-generated, time-stamped audit trail that records independently the date and time of user entries, including actions that create, modify or delete electronic records. Record changes shall not obscure previously recorded information.

2. Audit trail documentation shall be retained for a period of at least as long as that required for the record and shall be made available as needed upon request.

Adopted   4/23/12   **Reference:**
ORC 1306:01 -
ORC 1306:23

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ELECTRONIC SIGNATURE ACKNOWLEDGEMENT

The Trumbull County Board of Developmental Disabilities (TCBDD) maintains information on its computer network which must be kept confidential. Users logging onto this computer network acknowledge that the Protected Health Information (PHI) viewed is subject to HIPAA regulations. Any PHI must be kept confidential and the user must access only information relevant to their duties as a TCBDD employee. Users who violate the confidentiality of individual records or the security of the TCBDD computer system are subject to discipline. Users logging on to the system understand that by saving their entries, they are affirming that they entered information and are creating an electronic signature. Users also attest that they are the only individual who has access to his/her signature, user identification, and password, that the electronic signature will be legally binding and that passwords will not be shared and will be kept confidential.

Users logging on to the system consent to monitoring by TCBDD. Users of TCBDD's computers and computerized information system are responsible for understanding TCBDD's procedures for the use of computers and confidential information.

I acknowledge I have read and will abide by the above statement:

_____   _____
Signature   Date

_____   _____
Witness Signature   Date